

STATE BOARD OF EQUALIZATION

P O BOX 942879 MIC: 65
SACRAMENTO CA 94279-0065

IFTA-100-MN

Use this form to report operations for the
quarter ending

<input type="text"/>	<input type="text"/>
Month	Day

<input type="text"/>	<input type="text"/>
Year	

.This report must be filed by the
last day of the month following
the end of the quarter.

Licensee IFTA identification number CA		
Name		
Street address		
City	State	Zip Code

- ☐ Address change
- ☐ No operation in any jurisdiction
- ☐ Cancel license
- ☐ Amended report

IFTA Quarterly Fuel Use Tax Report

File this report even if there is no tax due.

Use this form for filing your Quarterly Fuel Use Tax Report as required under the International Fuel Tax Agreement (IFTA).
Read the instructions on the back carefully. Make a copy of this report for your records.

Attach check or money order payable to: CALIFORNIA STATE BOARD OF EQUALIZATION. See <i>Mailing Instructions</i> on the back of this form.	Enter the amount of your payment here \$
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Enter the Total from column Q of Form IFTA-101-MN, ***IFTA Quarterly Fuel Use Tax Schedule***, for fuel types listed in lines 1 thru 4. For all other fuel types enter the Total Amount from column S of the worksheet on back of Form IFTA-101-I-MN. Enter any credit amounts in brackets. Attach a Form IFTA-101-MN for each fuel type reported below.

1 Diesel	1	
2 Motor fuel gasoline	2	
3 Ethanol	3	
4 Propane (LPG)	4	
5 All other fuel types not listed in lines 1 thru 4 (<i>from worksheet on back of IFTA-101-I-MN</i>)	5	
6 Subtotal of amount due or (credit) (<i>add lines 1 through 5</i>)	6	
7 Penalty (<i>see instructions</i>)	7	
8 Total balance due or (credit) (<i>add lines 6 and 7</i>)	8	
9 Credits to be applied	9	
10 Balance due/(credit) (<i>subtract line 9 from line 8</i>)	10	
11 Refund amount requested	11	

I certify that this business is duly licensed and that this report, including any schedules, is to the best of my knowledge and belief true, correct and complete.

Authorized signature	Date	Taxpayer's phone number ()
Official title		Paid preparer's EIN
Paid preparer's name or firm (if other than taxpayer)		Paid preparer's phone number ()
Paid preparer's address		
Paid preparer's signature		Date

For Office Use Only		
Sig ^a	Corr ^a	Name/ID ^a
CA		
Date Received		

Please make a copy of this report for your records.